



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: SETON SPECIALTY HOSPITAL - LAFAYETTE

City of Hospital: Lafayette

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 152021

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$31879638
Outpatient Patient Service Revenue	\$0
Total Gross Patient Service Revenue	\$31879638

2. Deductions From Revenue

Contractual Allowance	\$18826301
Other Deductions	\$0
Total Deductions	\$18826301

3. Total Operating Revenue

Net Patient Service Revenue	\$13053338
Other Operating Revenue	\$18751
Total Operating Revenue	\$13072089

4. Operating Expenses

Salaries and Wages	\$5812226	Employee Benefits	\$1436919
Depreciation and Amortization	\$87029	Interest Expense	\$127
Bad Debt	\$194598	Other Expenses	\$4220098
Total Operating Expenses	\$11750997		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1321092	Total Assets	\$13280615
Net Non-operating Gains over Loss	\$667305	Total Liabilities	\$2881596
Total Net Gains	\$1988397		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$24434172	\$16514553	\$7919619
Medicaid	\$1200835	\$937930	\$262905
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$6244631	\$1373818	\$4870813
Total	\$31879638	\$18826301	\$13053337

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$461184
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$166600	
HCI Payments	\$0		
Subtotal	\$0	\$166600	\$-166600
Medicaid Shortfalls	\$0	\$256881	
Subtotal	\$0	\$423481	\$-423481
DSH Payments	\$0		
Subtotal	\$0	\$423481	\$-423481
Medicare Shortfalls	\$0	\$623873	
Other Government Programs	\$0	\$0	
Total	\$0	\$1047354	\$-1047354

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$10214	\$-10214
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0